

Case Number:	CM15-0009930		
Date Assigned:	01/27/2015	Date of Injury:	03/08/2014
Decision Date:	03/18/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45 year old male who sustained an industrial injury on 3/8/14. The injured worker reported symptoms in the left shoulder. The diagnoses included left shoulder status post arthroscopy, subacromial decompression, and acromioclavicular joint resection. Treatments to date have included status post left shoulder status post arthroscopy, subacromial decompression, oral pain medications, and physical therapy. PR2 dated 10/22/14 noted the injured worker presents with "loss of motion of the left shoulder" the treating physician is requesting an ultrasound guided steroid injection of the left shoulder. On 1/6/15, Utilization Review non-certified a request for an ultrasound guided steroid injection of the left shoulder. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Ultrasound guided steroid injection of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: No, the proposed ultrasound-guided corticosteroid injection of the left shoulder is not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 213 does recommend two or three subacromial and corticosteroid injections over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, in this case, however, the information on file did not suggest or establish that the applicant was intent on using the proposed corticosteroid injection in conjunction with a program of functional restoration/program of exercise rehabilitation. The applicant remained off of work, on total temporary disability, as of the December 30, 2014 progress note immediately surrounding the RFA form at issue. The attending provider did not clearly establish how the proposed corticosteroid injection was intended to advance the applicant's activity level, going forward. Therefore, the request is not medically necessary.